# Standard Application for Financial Assistance

# 2007-2008

#### General Information

1.	Applicant's Name:				
			Fax Number:		
2.	Date of Application:				
3.	Duration of Award:	Begin:			
		End:			
5.	5. USOE Specialist/Monitor:				
6.	. Descriptive Name of Program:				
7.	School District/Institute:				

### **Application Procedure**

- 1) Complete all sections of this application. Incomplete applications will not be accepted.
- 2) Application must be stapled or clipped in the upper left-hand corner.
- 3) Submit all materials to:

Education Specialist Utah State Office of Education 250 East 500 South P.O. Box 144200 Salt Lake City, Utah 84114-4200.

## **Utah State Office of Education**

### Curriculum & Instruction Standard Application for Financial Assistance

### PLEASE TYPE OR PRINT

Part 1: General Information	
PERSON SUBMITTING FORM	AGENCY (District/Charter School/University/Etc)
DATE OF APPLICATION	DURATION OF AWARD
	Begin:End:
USOE Specialist/Monitor:	
DESCRIPTIVE MANGE OF PROCESSAY	
DESCRIPTIVE NAME OF PROGRAM	
A DOMEN A CHI	
ABSTRACT	

### PLEASE TYPE OR PRINT

Part 2: PROGRAM NARRATIVE  Applicant: Project Name:							
Applicant:  OBJECTIVE (Clearly state each objective of this proposal.)	ACTIVITES (Describe the activities to accomplish each objective.)	<b>EVALUATION</b> (Describe how each activity will be evaluated to determine the efficacy of the activity to mee the objective.)					

Name:	
Funding Requested	Matching Funds (if Applicable)
irements:	
	irements:

- service Projects.doc
- (b) Appropriate credit will be available and awarded.
- (c) List of attendees and their Cactus numbers will be submitted to USOE.
- (d) Fiscal monitor to assure compliance with federal and state regulations.

PERSON SUBMITTING Application (printed name)
E-mail ADDRESS:
SUPERINTENDENT/DEPARTMENT HEAD (printed name)
SUPERINTENDENT/DEPARTMENT HEAD (signature)